

ADAP Handbook

The North Carolina AIDS Drug Assistance Program (ADAP)

Communicable Disease Branch, Division of Public Health, NC DHHS

What is ADAP?

The North Carolina AIDS Drug Assistance Program (ADAP) uses a combination of state and federal funds to provide low-income residents of North Carolina with essential medications for treatment of HIV, related conditions, and other co-morbidities as well as prevention and/or treatment of related opportunistic infections.

What are the eligibility criteria for ADAP?

To be eligible for ADAP, individuals must:

- be HIV positive.
- reside in North Carolina.
- have a gross family income that is equal to or less than 300 percent of the Federal Poverty Guidelines (see the table below).
- not have any third-party prescription drug coverage (private insurance or Medicaid) that enables them to obtain medications (other than Medicare* or Qualified Health Plans purchased on the Federal Marketplace**).
- have at least one prescription for any medication on the APP formulary; see pages 6-9 for the complete list of medications.

** Clients eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan (Medicare Part D Plan). Clients enrolled in a Medicare Prescription Drug Plan with an income at/below 150 percent of the Federal Poverty Guidelines are required to apply for the Low Income Subsidy (LIS or Extra Help) through the Social Security Administration.*

***Clients that are able to do so should enroll in a Qualified Health Plan on the Federal Marketplace (healthcare.gov).*

Family Size/Federal Poverty Guidelines									
	1	2	3	4	5	6	7	8	Each Additional Person
100%	\$11,770	\$15,930	\$20,090	\$24,250	\$28,410	\$32,570	\$36,730	\$40,890	\$4,160
125%	\$14,713	\$19,913	\$25,113	\$30,313	\$35,513	\$40,713	\$45,913	\$51,113	\$5,200
150%	\$17,655	\$23,895	\$30,135	\$36,375	\$42,615	\$48,855	\$55,095	\$61,335	\$6,240
200%	\$23,540	\$31,860	\$40,180	\$48,500	\$56,820	\$65,140	\$73,460	\$81,780	\$8,320
250%	\$29,425	\$39,825	\$50,225	\$60,625	\$71,025	\$81,425	\$91,825	\$102,225	\$10,400
300%	\$35,310	\$47,790	\$60,270	\$72,750	\$85,230	\$97,710	\$110,190	\$122,670	\$12,480

SOURCE: Federal Register, January 22, 2015

How does someone apply for ADAP?

Applications must be submitted by an interviewer, not the applicant. The interviewer may be the applicant's medical provider, HIV case manager, social worker or anyone else working in an official capacity on the applicant's behalf. Individuals looking for an interviewer should contact their clinician, their HIV case manager, one of NC's HIV Regional Networks, a local health department, or an AIDS service organization. The applicant, with the assistance of their interviewer, will complete two forms; one to

establish financial eligibility (Form 3014 – Financial Eligibility Application) and one to document clinical information (Form 3056 – Authorization Request).

Forms 3014 and 3056 must be completed and mailed to Purchase of Medical Care Services (POMCS) with documentation of income, residency, recent lab values, and a copy of one prescription for a medication on the APP formulary. POMCS may request additional information before making a final determination. See the ADAP Application Manual for instructions on completing the forms and providing required documentation. POMCS will send a Reply to Authorization Request Letter to the client and the interviewer to notifying them of the status of the application. Once an application is approved, prescriptions must be sent to the pharmacy; POMCS does not forward prescriptions to the pharmacy.

The application forms, the ADAP Application Manual, and all related documents can be found on the ADAP website at <http://epi.publichealth.nc.gov/cd/hiv/adap.html>. Check the ADAP website regularly for updated versions of forms 3014 and 3056 as POMCS will not accept older versions of these forms.

How often do ADAP clients need to renew their eligibility?

All clients must renew eligibility twice per year. See the table below for the renewal dates and corresponding coverage periods. Clients will not be able to receive medications from ADAP if the coverage period ends before their eligibility is renewed.

Renewal Period	Renewal Dates	Coverage Dates
Winter Recertification	January 1 to February 28	April 1 to September 30
Summer Recertification	July 1 to August 31	October 1 to March 31

How do ADAP clients renew their ADAP eligibility?

Renewal applications must be submitted by an interviewer. The requirements for Winter Recertification and Summer Recertification are different. See the ADAP Application Manual for the specific requirements and instructions. The application forms, the ADAP Application Manual, and all related documents can be found on the ADAP website at <http://epi.publichealth.nc.gov/cd/hiv/adap.html>.

Can someone in jail receive services from ADAP?

Individuals detained by a local detention center (county jail) may be eligible for ADAP. Individuals in State or Federal prisons are not eligible for ADAP. Individuals that are housed in a local detention center but are in the custody of the state or federal systems are not eligible for ADAP. New applicants and existing clients in local detention centers will be evaluated on a case by case basis by the ADAP office dependent on a variety of factors. The local detention center will need to document that the facility is unable to pay for medications and the staff is willing to coordinate medication deliveries with the pharmacy before an individual can be served by ADAP.

How can someone get in touch with program staff or get more information?

- ADAP Website: <http://epi.publichealth.nc.gov/cd/hiv/adap.html>
- ADAP Client Hotline:
 - In State (Toll Free): 1-877-466-2232
 - Out of State: 919-733-9161
- Debra Bost, ADAP Public Health Program Consultant:
(919) 733-9556 or debra.bost@dhhs.nc.gov
- Jasmine Bullard, Public Health Consultant/ICAP Project Manager:
(919) 733-9568 or jasmine.bullard@dhhs.nc.gov
- John Furnari, ADAP Coordinator:
(919) 733-9576, or john.furnari@dhhs.nc.gov
- Iris Girard, ADAP Processing Assistant:
(919) 715-7301 or iris.girard@dhhs.nc.gov
- Trisha Hailperin, Assistant ADAP Coordinator:
(919) 715-3688 or trisha.hailperin@dhhs.nc.gov
- Eleana Sessoms, Public Health Consultant/SPAP Project Manager:
(919) 715-1664 or eleana.sessoms@dhhs.nc.gov
- POMCS (applications are processed by the client's last name alphabetically):
 - Sue Harrington, Supervisor: (919) 855-3652
 - Mike Benson: (919) 855-3666 Letters: A, D, L, M, P, R, V
 - Mary Hardin: (919) 855-3670 Letters: C, E, F, J, K, N, O, Q, S, U, Y, Z
 - Glenys Spencer: (919) 855-3665 Letters: B, G, H, I, T, W
 - POMCS Address: 1907 Mail Service Center; Raleigh NC 27699-1907
All Applications (New, Winter Recertification, and Summer Recertification applications) must be sent by mail.
 - POMCS Fax Number: (919) 715-5221 Do not fax applications unless instructed to do so. *Only items requested by POMCS should be faxed.*
- Walgreens:
 - Client Line 1-800-573-3602
 - Healthcare Professionals Line 1-888-516-8003
- Ramsell (SPAP Pharmacy Benefits Manager) Help Desk
 - 1-888-311-7632
- Information about Medicare Part D and the Low Income Subsidy (LIS)
 - Medicare: www.medicare.gov or 1-800-633-4227
 - Social Security: www.ssa.gov or 1-800-772-1213
 - Seniors' Health Insurance Information Program (SHIIP):
www.ncdoi.com/SHIIP/Default.aspx or 1-855-408-1212
- Information about Qualified Health Plans available on the Federal Marketplace
 - www.Healthcare.gov
 - <https://careacttarget.org/ace/tools-and-resources>
 - <http://www.ncgetcovered.org/>

What are the programs within ADAP that pay for medications?

There are three programs within ADAP that pay for medications.

1. **APP:** The **ADAP Pharmacy Program** purchases medications directly from a wholesaler and distributes medications through a dispensing pharmacy (Walgreens). See page 5 for a list of Walgreens locations that serve APP clients.
2. **SPAP:** The **State Pharmaceutical Assistance Program** uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Medicare Part D prescription drug plans to pay all out of pocket costs for any medications covered by the primary Medicare Prescription Drug Plan.
3. **ICAP:** The **Insurance Copayment Assistance Program** uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Qualified Health Plans purchased on the Federal Marketplace (Healthcare.gov) to pay all out of pocket costs for any medications covered by the primary Qualified Health Plan.

ADAP Pharmacy Program (APP)

What is APP?

APP is the program within ADAP that uses a dispensing pharmacy (Walgreens) to distribute medications to ADAP clients that are uninsured.

Is there any cost to APP clients?

There is no cost for medications on the APP formulary. APP clients are responsible for the full cost of medications not included on the APP formulary. See pages 6-9 for the complete list of medications covered by APP.

How do APP clients get their medications?

Walgreens is the contracted dispensing pharmacy for APP. Walgreens will mail a thirty day supply of medications monthly. Walgreens will call each APP client monthly before the medications will be mailed. Walgreens will mail medications to any verifiable address in North Carolina. APP prescriptions are filled and mailed from the Walgreens Store located at 500 Fincher Street in Monroe, NC. APP clients have the can also pick up their medications at one of the twelve Walgreens locations in the APP pharmacy network. APP clients should notify the pharmacy in advance if they want to pick up medications at one of these locations (See page 5 for the twelve Walgreens locations in the APP pharmacy network).

Can APP clients receive more than a thirty day supply of medications?

APP clients should notify the pharmacy in advance if they are requesting more than a thirty day supply of medications. Walgreens can provide a sixty or ninety day supply if the ADAP office approves a delivery exception. Decisions will be made on a case by case basis. The ADAP Office will not approve multiple requests in a six month coverage period. Medications dispensed cannot extend past the client's coverage period.

How can APP clients get their medications if they are away from home?

APP clients should notify the pharmacy in advance if they need their medications sent somewhere other than the established delivery address. Walgreens can mail medications to any verifiable address in North Carolina. Walgreens can also mail medications to a verifiable address in another state if the ADAP office approves a delivery exception. Decisions will be made on a case by case basis. The ADAP Office will not approve multiple requests in a six month coverage period. Medications cannot be sent to any address outside of the United States.

What pharmacies are included in the APP Pharmacy Network?**APP Walgreens Locations**

Store #9458 841 Merrimon Ave. Asheville, NC 28804 P (828) 225-5113 F (828) 225-5103	Store #5761 4701 South Blvd. Charlotte, NC 28217 P (704) 523-3227 F (704) 523-8468	Store #11396 2200 W. Sugar Creek Rd. Charlotte, NC 28262 P (704) 494-4878 F (704) 494-8407
Store #11423 108 E. Franklin St. Chapel Hill, NC 27514 P (919) 918-3801 F (919) 918-4457	Store #7317 6405 Fayetteville St. Durham, NC 27713 P (919) 544-6430 F (919) 544-6395	Store #7805 3296 Village Dr. Fayetteville, NC 28304 P (910) 433-4681 F (910) 433-2892
Store #12283 300 E. Cornwallis Dr. Greensboro, NC 27408 P (336) 275-9471 F (336) 275-9477	Store #6579 671 S. Memorial Dr. Greenville, NC 27834 P (252) 754-2099 F (252) 754-2774	Store #7549 4408 New Bern Ave. Raleigh, NC 27610 P (919) 231-6419 F (919) 231-7568
Store #1319 2130 S. 17th St. Wilmington, NC 28401 P (910) 343-2988 F (910) 343-2950	Store #11202 1712 S. Stratford Rd. Winston-Salem, NC 27103 P (336) 765-2967 F (336) 765-5378	Store #11692* 500 Fincher Street Monroe, NC 28112 P (704) 225-9010 F (704) 225-7179

APP clients can pick up medications at any of these stores but arrangements should be made in advance by calling Walgreens at 1-800-573-3602 (Client Line) or 1-888-516-8003 (Healthcare Professional Line).

* All APP prescriptions delivered by mail will come from Store #11692.

What medications are included on the APP Formulary?

If available, generic medications are dispensed. The brand names listed below are only examples of those products available, and are neither recommended nor required.

Antiretroviral Medications- Brand (Generic):

Aptivus (Tipranavir)	Rescriptor (Delavirdine)
Atripla (Efavirenz, Emtricitabine, Tenofovir)	Retrovir (Zidovudine)
Combivir (Lamivudine, Zidovudine)	Reyataz (Atazanavir Sulfate)
Complera (Emtricitabine, Rilpivirine, Tenofovir)	Selzentry(Maraviroc)
Crixivan (Indinavir)	Stribild (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir)
Edurant (Rilpivirine)	Sustiva (Efavirenz)
Emtriva (Emtricitabine)	Tivicay (Dolutegravir)
Epivir (Lamivudine 3TC)	Triumeq (Abacavir, Dolutegravir, Lamivudine)
Epzicom (Abacavir, Lamivudine)	Trizivir (Abacavir, Lamivudine, Zidovudine)
Fuzeon (Enfuvirtide)	Truvada (Emtricitabine, Tenofovir)
Intelence (Etravirine)	Tyboost (Cobicistat)
Invirase (Saquinavir)	Videx (Didanosine ddl)
Isentress (Raltegravir)	Viracept (Nelfinavir)
Kaletra (Lopinavir, Ritonavir)	Viramune, Viramune XR (Nevirapine)
Lexiva (Fosamprenavir)	Viread (Tenofovir)
Norvir (Ritonavir)	Zerit (Stavudine d4T)
Prezista (Darunavir)	Ziagen (Abacavir)

Antibiotics- Brand (Generic):

Amoxil (Amoxicillin)	Flagyl (Metronidazole)
Avelox B (Moxifloxacin)	Humatin (Paromomycin)
Bactrim, Septra, Cotrim, Sulfatrim (Sulfadiazine Sulfamethoxazole/trimethoprim)	Keflex (Cephalexin Monohydrate)
Biaxin (Clarithromycin)	Levaquin (Levofloxacin)
Bicillin LA (Penicillin G Benzathine)	Mepron (Atovaquone)
Cipro (Ciprofloxacin)	Minocin,Dynacin (Minocycline)
Cleocin (Clindamycin)	NebuPent, Pentam (Pentamidine)
Dapsone (Dapsone, DDS)	Primaquine (Primaquine)
Daraprim (Pyrimethamine)	Veetids, V-Cillin-K (Penicillin VK)
Doryx, Vibramycin, Vibra-Tabs (Doxycycline hyclate)	Zithromax (Azithromycin)

Anticholesterol- Brand (Generic):

Crestor (Rosuvastatin)	Pravachol (Pravastatin)
Lipitor (Atorvastatin Calcium)	Tricor, Lofibra (Fenofibrate)
Lopid (Gemfibrozil)	Trilipix (Fenofibric Acid)
Mevacor, Altoprev (Lovastatin)	Zetia (Ezetimibe)

Anticonvulsants- Brand (Generic):

Depakote (Divalproex)	Lyrica (Pregabalin)
Dilantin (Phenytoin)	Neurontin (Gabapentin)
Keppra (Levetiracetam)	Tegretol, Carbatrol (Carbamazepine)
Luminal (Phenobarbital)	

Antidepressants- Brand (Generic):

Aventyl, Pamelor (Nortriptyline)	Paxil (Paroxetine)
Celexa (Citalopram Hydrobromide)	Prozac (Fluoxetine)
Cymbalta (Duloxetine)	Remeron (Mirtazapine)
Desyrel, Oleptro (Trazodone)	Sinequan (Doxepin)
Effexor, Effexor XR (Venlafaxine)	Wellbutrin (Bupropion HCL)
Elavil (Amitriptyline)	Zoloft (Sertraline)
Lexapro (Escitalopram)	

Antidiabetic- Brand (Generic):

Glipizide	Glucophage, Glumetza, Riomet (Metformin)
Glipizide/Metformin	

Antidiarrheals- Brand (Generic):

Imodium (Loperamide)	Lomotil (Diphenoxylate w/tropine)
Fulyzaq (Crofelemer)	

Antiemetics- Brand (Generic):

Compazine (Prochlorperazine)	Reglan (Metoclopramide)
Phenergan (Promethazine)	Zofran (Ondansetron Hydrochloride)

Antifungals- Brand (Generic):

Ancobon (Flucytosine)	Mycostatin, Nilstat (Nystatin)
Diflucan (Fluconazole)	Nizoral (Ketoconazole)
Fungizone (Amphotericin B)	Sporanox (Itraconazole)
Mycelex, Canesten, Lotrimin, (Clotrimazole)	

Antihypertensives- Brand (Generic):

Azor (Amlodipine/Olmesartan)	Lotensin (Benazepril)
Benicar (Olmesartan)	Norvasc (Amlodipine)
Benicar HCT (Olmesartan/HCTZ)	Tenormin (Atenolol)
Calan, Isoptin (Verapamil)	Tribenzor (Amlodipine/Olmesartan/HCTZ)
Catapres (Clonidine)	Prinzide, Zestoretic (Lisinopril HCTZ)
HCTZ (Hydrochlorothiazide)	Vasotec (Enalapril Maleate)
Lopressor, Toprol (Metoprolol)	Zestril, Prinivil (Lisinopril)

Antineoplastics- Brand (Generic):

Hydrea (Hydroxyurea)	Wellcovorin (Leucovorin)
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Antipsychotics- Brand (Generic):

BuSpar (Buspirone)	Zyprexa (Olanzapine)
Risperdal (Risperidone)	

Antituberculosis- Brand (Generic):

Myambutol (Ethambutol)	Rifadin, Rimactane (Rifampin)
Mycobutin (Rifabutin)	Tebrazid (Pyrazinamide)
Nydrazid (Isoniazid, INH)	

Antivirals- Brand (Generic):

Baraclude (Entecavir)	Pegasys (Peginterferon alfa 2a)
Copegus, Virazole, Rebetol (Ribavirin)	Peg-Intron (Peginterferon alfa 2b)
Cytovene (Ganciclovir)	
Famvir (Famciclovir)	Tamiflu (Oseltamivir Phosphate)
Foscavir (Foscarnet)	Valtrex (Valacyclovir)
Hepsera (Adefovir)	Valcyte (Valganciclovir)
Infergen (Interferon Alfacon-1)	Vistide (Cidofovir)
Intron A (Interferon Alfa-2a)	Zovirax (Acyclovir)

Digestive Enzymes- Brand (Generic):

Creon (Pancrelipase)	
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GERD (Gastroesophageal Reflux Disease) - Brand (Generic):

Prevacid (Lansoprazole)	Prilosec (Omeprazole)
Prevacid	

Hematological Agents- Brand (Generic):

Epogen, Procrit (Erythropoietin)	Neupogen (Filgrastim)
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Miscellaneous- Brand (Generic):

Chantix B (Varenicline)	
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Steroids- Brand (Generic):

Deltasone (Prednisone)	
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Topical Agents- Brand (Generic):

Aldara, Zyclara (Imiquimod)	
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Uricosuric Agents- Brand (Generic):

Probenecid (Probenecid)	
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Wasting and Hypogonadism- Brand (Generic):

Androgel, Testim Androderm (Testosterone)	Megace (Megestrol)
Marinol (Dronabinol)	Premarin

State Pharmaceutical Assistance Program (SPAP)

What is SPAP?

SPAP is the program within ADAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for medication for ADAP clients that are enrolled in a Medicare Prescription Drug Plan (Medicare Part D Plan).

Is there any cost to SPAP clients?

There is no cost for medications covered by the primary Medicare Prescription Drug Plan. SPAP clients are responsible for paying the monthly premiums for their Medicare Prescription Drug Plan.

What pharmacies are included in the SPAP Pharmacy Network?

SPAP clients can receive their medications by mail or at one of the 12 Walgreens locations listed in the APP Pharmacy Network by calling the Walgreens Specialty Call Center at 1-800-573-3602. SPAP clients can also fill their prescriptions at any other Walgreens location in North Carolina but they must provide their Medicare Part D Prescription Drug Plan Card and their SPAP Supplemental Prescription Benefits card from Ramsell to the pharmacist.

What medications are included on the SPAP Formulary?

The SPAP formulary follows the primary Medicare Prescription Drug Plan. As a secondary payer, SPAP will pay all out of pocket costs for any pharmacy claim allowed by the SPAP client's Medicare Prescription Drug Plan.

How do SPAP clients get their medications?

When an SPAP client fills a prescription for a covered medication, the pharmacy bills the client's Medicare Part D plan as the primary payer, and SPAP as the secondary payer.

SPAP clients receiving their medications from one of the twelve Walgreens locations included in the APP pharmacy network will receive monthly calls from Walgreens and Walgreens will mail a thirty day supply of medication each month. SPAP prescriptions mailed by Walgreens are filled and mailed from the Walgreens located at 4701 South Boulevard in Charlotte, NC.

SPAP clients can also fill their prescriptions at any other Walgreens location in North Carolina. SPAP clients that fill their prescriptions at a Walgreens location outside of the APP pharmacy network must provide their Medicare Part D Prescription Drug Plan Card and their SPAP Supplemental Prescription Benefits card from Ramsell to the pharmacist. SPAP clients that fill their prescriptions at a Walgreens location outside of the APP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive reminder calls from the Walgreens Specialty Call Center.

Can SPAP clients receive more than a thirty day supply of medications?

The days supplied depends on what the SPAP client's Medicare Prescription Drug Plan will allow. SPAP clients are limited to the dispensing rules of their Medicare Prescription Drug Plan. As a secondary payer, SPAP will pay the out of pocket costs for any pharmacy claim allowed by the SPAP client's Medicare Prescription Drug Plan.

Insurance Copayment Assistance Program (ICAP)

What is ICAP?

ICAP is the program within ADAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for medication for ADAP clients that are enrolled in a Qualified Health Plan purchased on the Federal Marketplace (Healthcare.gov).

Is there any cost to ICAP clients?

There is no cost for medications covered by the primary Qualified Health Plan purchased on the Marketplace. ICAP clients are responsible for paying the monthly premiums for their Qualified Health Plan.

What pharmacies are included in the ICAP Pharmacy Network?

ICAP clients must fill their prescriptions from a pharmacy that is in the Qualified Health Plan's pharmacy network. The Qualified Health Plans have specific rules about filling prescriptions for specialty medications. HIV medications are typically considered specialty medications.

ICAP clients with Blue Cross & Blue Shield Advantage plans:

- must fill their specialty medications through the mail order Walgreens Specialty Pharmacy in Raleigh, NC (1-866-443-1904 or 919-534-1430) or Frisco, Texas (Phone: 1-888-782-8443).
- can fill their non-specialty prescriptions at any Walgreens location in North Carolina including the Mail order Specialty Pharmacy in Raleigh, NC (1-866-443-1904 or 919-534-1430).

ICAP clients with Blue Cross & Blue Shield Local, Select, and Value plans:

- must fill their specialty medications through the mail order Walgreens Specialty Pharmacy in Frisco, Texas (Phone: 1-888-782-8443).
- can fill their non-specialty prescriptions at an in-network pharmacy but ICAP cannot pay the copayments because Walgreens is not in their pharmacy network.

ICAP clients with Coventry plans:

- must fill their specialty medications through the mail order Accredo Specialty Pharmacy (Phone: 1-877-222-7336).
- can fill their non-specialty prescriptions only at select Walgreens locations included in the plan's network.

ICAP clients with United Healthcare plans:

- must fill their specialty medications through the mail order OptumRx Specialty Pharmacy (Phone: 1-800-788-4863) or can opt out of the mail order option by calling United Healthcare if they prefer to fill at a local Walgreens location.
- can fill their non-specialty prescriptions at any Walgreens location in North Carolina.

ICAP clients must provide their Qualified Health Plan Insurance Card and their ICAP Supplemental Prescription Benefits card from Ramsell to the pharmacist.

What medications are included on the ICAP Formulary?

The ICAP formulary follows the primary Qualified Health Plan. As a secondary payer, ICAP will pay the out of pocket costs for any pharmacy claim allowed by the ICAP client's Qualified Health Plan.

How do ICAP clients get their medications?

When an ICAP client fills a prescription for a covered medication, the pharmacy bills the client's Qualified Health Plan as the primary payer, and ICAP as the secondary payer. ICAP clients must provide their Qualified Health Plan Insurance Card and their ICAP Supplemental Prescription Benefits card from Ramsell to the pharmacist. ICAP clients should opt into that pharmacy's refill reminder program because they will not receive reminder calls from the Walgreens Specialty Call Center.

Can ICAP clients receive more than a thirty day supply of medications?

The days supplied depends on what the ICAP client's Qualified Health Plan will allow. ICAP clients are limited to the dispensing rules of their Qualified Health Plan. As a secondary payer, ICAP will pay the copayment for any pharmacy claim allowed by the ICAP client's Qualified Health Plan.